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RURAL DISTRICT OF CHAILEY



Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1952



Public Health Department,
Lewes House,
LEWES, Sussex.
October, 1953.



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Printed by Charles Clarke (Haywards Heath) Ltd.

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CHAILEY RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

October, 1953.

To the Chairman and Members of the Chailey Rural District Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the inhabitants and on the sanitary conditions of the Chailey Rural District for the year 1952.

In this Report can be found many features which may be of interest. The comparatively rapid increase of the population in recent years, the decrease in the birth rate, the comparatively low death rate and the high average age at death in 1952, with the extremely low infantile mortality rate, the absence of maternal deaths, the reduction of deaths from tuberculosis, the virtual control of most of the infectious diseases, the progress in supplying main water and in proper sewage disposal are all matters of some importance.

There has been a steady migration of people into the Chailey Rural District since 1944 when the estimated population was 16,630. Each successive year since that time there has been a progressive increase until the highest population for the Rural District, 20,715, which was the census figure, was recorded in 1951. The estimated population given by the Registrar-General for 1952 was 19,540. The difference of 1,175 between the 1951 and 1952 figures is no doubt accounted for by the transfer of part of the rural district to Brighton County Borough.

The increase of the population from 1944 onwards was achieved more by the excess of people who came to live in the rural district over those who left it than by an excess of births over deaths related to the area.

It remains to be seen whether this inward movement continues to any considerable extent. The attraction of living amongst rural surroundings still remains but the cost of transport has increased and there is some indication that the prices of dwelling houses in urban areas are commencing to fall.

Since 1947 the birth rate for the Chailey Rural District has been decreasing each year. This downward trend has been more or less general throughout the whole country. The chief cause has been family limitation which has been dictated by economics. It is recognised that the standard of living is determined more by family size than by family income. The view that it is better to have a few well fed, better dressed and better educated children has been held for some time now by many married people. This view is not necessarily selfish, for when the future is uncertain such an attitude can be truly altruistic. It appears that a substantial increase in the birth rate will have to await more prosperous times when the cost of living is reduced. Many young married couples living with relatives, or in restricted accommodation elsewhere, either have no family at all or have limited the family to rarely more than one child. Many engaged couples have had to postpone marriage and bringing up a family through the impossibility of securing any housing accommodation whatever, even part of a house. The crude birth rate for the rural district for 1947 was 17.49 per 1,000 population, for 1952 it was 12.18, which latter rate was the lowest in post war years. The position may arise in the future when the number of young adults in the population will be too small to support the elderly without difficulty. We have not arrived at that stage yet, but a decreasing birth rate with an increasing ageing section of the population each year points to it.

The crude death rate for the year under review for the rural district was 12.48 per 1,000 population. This was the third lowest death rate recorded since 1942. The highest, 16.97 was for 1945, and the lowest was for 1950 when it was 11.95. The average age at death in 1952 was 69 years. The chief causes of death in 1952 were heart disease (99), cancer (35) and vascular lesions of the nervous system (34).

Deaths from heart disease have been mounting steadily during the last twenty years. They have become commoner because individuals are living to reach old age when they are more prone to suffer from heart disease. As the great majority of instances of cancer occur in the second half of life, it would be expected that the number of individuals dying from cancer would increase as the mean age of the population has risen. This is the case. It has been suggested that the increase of cancer deaths has been due to excessive smoking and to the inhalation of exhaust fumes from petrol engines. Nothing has so far been proved conclusively that this is so. Vascular lesions of the nervous system include apoplexy, cerebral embolism, hemiplegia (paralysis) and other effusions of blood affecting the brain. Deaths from these causes have increased materially during the last twenty years. There are now more old people in the population and with increased age individuals are more vulnerable to vascular lesions of the nervous system. The three chief causes of death mentioned formed about 69% of all causes of death in 1952.

The Infantile Mortality Rate which is the rate based upon the number of deaths of infants under one year of age and expressed as related to 1,000 live births, provides a sensitive index of the social conditions of an area. This rate for the Chailey Rural District for the year under review was 12.6, which is less than one half of the rate, 27.6 for England and Wales. The rate has decreased each year for the Rural District since 1949 when it was about four times that recorded for 1952. The decrease has been chiefly due to the use of new drugs which have been most effective in curing many of the diseases such as infantile diarrhoea and pneumonia which were once so fatal to infants.

Fatalities in childbirth, or in consequence of it, are always tragic on account of the loss of a life, usually a young one, and on account of the infant being deprived of its mother. There were no such fatalities in the rural district during 1952 and this has been the case for the third year in succession. The absence of these maternal deaths is a tribute to medical science and to the high standard of obstetrics of those who have the management and care of childbirth. Formerly infections caused the bulk of maternal deaths, but the use of anti-biotics and sulpha drugs has now reduced the number of deaths from infections which were once only too common.

There has been a dramatic decline in the mortality from tuberculosis in the Chailey Rural District in the last four years. The number of deaths in 1949, 1950, 1951, and 1952 were 12, 6, 4 and 3 respectively. The death rate, 0.15 per 1,000 population for 1952, is about three-fifths of the rate 0.24 for the country as a whole. There are many reasons for the unprecedented fall in the death rate. Treatment by new drugs, such as streptomycin and P.A.S., has yielded remarkable results in curing and inhibiting the infection. Pasteurisation of milk, which kills the tuberculous bacillus, has been used to make the milk safe on a bigger scale than formerly, more milk from an increasing number of T.T. herds has been consumed and there has been a more intensive weeding out of tuberculous cattle. It is of interest to know that the death rate from tuberculosis for the Chailey Rural District twenty years ago was 1.07 per 1,000 population, or about seven times the rate for 1952. Much has been accomplished in twenty years in reducing the mortality through public health measures and curative methods and the slump in the number of deaths in recent years gives rise to the view that in time the disease may become a very rare one.

One of the triumphs of modern medicine is the virtual control of most of the infectious diseases and the elimination of mortality from them. Diphtheria has been vanquished, scarlet fever is but a ghost of its former self. Enteric fever has practically vanished from the scene. There are a few infectious diseases such as measles and whooping cough which are more or less endemic and cases in varying numbers occur from year to year. Happily, serious complications and after effects of those diseases are now prevented by the use of new drugs. Fatalities from most infections have been abolished. The prevention of poliomyelitis is, however, a major problem. Experiments with a vaccine to prevent this disease are now being carried out. It is as yet too early to judge of its efficacy.

During the year there was a small number of infectious diseases notified in the rural district. In all there were 82 cases. All measles and whooping cough and pneumonia cases were treated at home and made good recoveries. Three of the four cases of poliomyelitis notified made comparatively rapid progress in hospital. The disease in each case did not leave any permanent disablement. The fourth case, a girl of 16 years, was transferred from an infectious diseases hospital to an orthopaedic hospital, for treatment of her affected right leg. She is now attending the out-patients' department of a Brighton Hospital. She discarded crutches, then a walking stick, and at present can walk very well with the aid of a leg iron. There was only one case of meningitis, a youth of eighteen years who, after a month's treatment in hospital, was discharged, having made an excellent recovery. The other cases of infectious diseases: erysipelas, puerperal pyrexia and malaria all yielded rapidly to treatment. The case of malaria was contracted abroad. There was no death of any case of the infectious diseases notified.

Water is the prime necessity of life, not only as an article of diet, but also for the proper personal cleanliness and for cleanliness of clothing, of households and much of their contents. It is further essential in industries, for the conveyance of wastes and for protection against fire.

No less than six statutory Water Authorities supplied water in the rural district during the year. Samples taken at regular intervals from these sources revealed that all supplies were of high standards bacteriologically and chemically. Samples of water were taken also from private supplies and subjected to examination. Forty-two of these were found to be unfit for domestic use. This was remedied by connecting up with a main supply. Immediate action was taken where a water supply to a large milk collecting depot was found to be polluted. A chlorinating plant was quickly installed and subsequent samples of water were found to be satisfactory. Much progress was made during the year in extending water-mains in various parishes and the programme submitted to and agreed by the Council in 1944 was adhered to and is now nearing completion. It was rather disappointing to find that the joint scheme with the Newhaven and Seaford Water Company made little progress despite loan sanction for £45,000 having been obtained and a large amount of material having been purchased.

One of the most difficult problems of modern sanitation is to secure proper disposal of faecal matter for all households in rural communities. It is, of course, impossible to connect up every household with a proper sewage disposal system because some are so isolated that this is not economically possible. Nevertheless, the Chailey Rural District Council has made great headway. During the year the laying of sewers and the construction of sewage works were completed at Cooksbridge. The sewage works at Ditchling were reconstructed with a resultant good effluent whereas before the effluent was a poor one which heavily polluted ditches. In Peacehaven a new sewage disposal plant was

established which now receives sewage from 75 new Council houses and from 60 private dwellings.

Schemes for the sewerage of Wivelsfield, Rodmell, Kingston and Piddinghoe were submitted to the Ministry, but consents to proceed were awaited. Sewerage schemes at South Chailey and at Glynde in connection with housing development are due to commence in 1953. A Public Inquiry was held on 10th October, 1951, concerning the sewerage of Rodmell. Despite vigorous representations by the Chailey Council sanction to proceed was not granted by the Ministry.

The disposal of house refuse is a hygienic problem and it is also a matter of economy, convenience and general cleanliness. Odours arising from fermenting garbage or the processes connected with garbage disposal at the houses are offensive and interfere with an otherwise healthy environment. Further, garbage attracts flies and rats which may carry disease, and accumulated rubbish provides a fire hazard. It is thus essential to remove household refuse to be dealt with in a proper manner.

House refuse was collected once fortnightly as formerly, in the rural district and taken to the Lewes Tip, where it was dealt with satisfactorily. The scheme for providing dustbins was carried out without any difficulty and during the year 129 dustbins were supplied to householders.

The housing problem which never will be solved under present conditions remained very much to the fore. The year saw the completion of 56 new Council houses, of which 12 were built for the occupation by elderly persons. Repair notices were served in respect of forty-three properties. The high cost of repair and controlled rents make it difficult to obtain much improvement. Thirty-eight houses previously considered unfit were reconstructed and made fit for human habitation.

The temporary caravan site at Rushey Hill obviously requires extension. It operated to full capacity during the year and there is need to develop the proposed twenty acres of land adjoining as soon as possible.

A total of 325 visits were made to food preparing premises. In only three cases were notices served requiring improvements of standard conditions and state of cleanliness. In each case improvements were made without resorting to formal procedure.

Rats and mice are reservoirs and sources of several diseases of man, and the suppression of rodents is an important public health matter in the prevention of the spread of disease. During the year 529 visits were made for the purpose of survey and 276 visits were made for treatment. The estimated number of rats killed was 867, whilst that of mice killed was 261.

In this Report the success which has attended the use of sulphonamides and anti-biotics in the control and cure of infectious diseases and the use of new drugs in the treatment of tuberculosis has been stressed. This does not obscure the great part played by the every day duties carried out by the public health department in the prevention of disease. The care exercised in ensuring safe water supplies, in establishing and maintaining proper sewage disposal, in the efficient collection and disposal of refuse, the inspection of food, rodent control, the abolition of nuisances, work in connection with housing and the hundred and one sanitary duties which are carried out almost unobtrusively form the real basis upon which the prevention of disease rests.

I remain,

Yours obediently,

G. M. DAVIDSON LOBBAN,
M.B., Ch.B., D.P.H., F.R.S.I., etc.

Medical Officer of Health.

SECTION I

STATISTICS FOR THE AREA, 1952

Area (in acres)	..	..	..	..	..	..	64,216
Population (estimated)	..	..	..	..	..	..	19,540
Rateable Value as at 1st April, 1952	..	..	..	..	..	..	£157,805
Estimated Product of a Penny Rate 1952-53	..	..	..	..	..	..	£643

EXTRACTS FROM VITAL STATISTICS

<i>Live Births</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 population</i>
Legitimate ..	..	..	..	107	122	229	
Illegitimate ..	..	..	..	4	5	9	
						238	.. 12.18
Deaths ..	..	..	..	115	129	244	.. 12.48
							<i>Rate per 1,000 Live and Still Births</i>
Maternal Mortality	..	..	—		0	0	.. 0.00
							<i>Rate per 1,000 Live Births</i>
Infantile Mortality	..	..		1	2	3	.. 12.60

POPULATION

The Registrar-General's estimate of the Chailey Rural District population for the year 1952 was 19,540. The following table shows the annual population of the rural district for the past ten years, together with the numbers of births and deaths and the birth rates and death rates each year during the same period :

<i>Year</i>	<i>Population</i>	<i>Births</i>	<i>Deaths</i>	<i>Birth Rate</i>	<i>Death Rate</i>
1943	16,830	306	231	18.18	13.72
1944	16,630	309	220	18.58	13.22
1945	17,320	266	294	15.35	16.97
1946	18,410	308	240	16.73	13.03
1947	18,860	330	246	17.49	13.04
1948	20,080	315	252	15.68	12.54
1949	20,480	297	248	14.50	12.11
1950	20,340	285	243	14.01	11.95
1951	20,510	270	276	13.16	13.46
1952	19,540	238	244	12.18	12.48

In the above table it can be noted that the population increased from 16,830 in 1943 to 20,510 in 1951. In 1952 there was a decrease of about 1,000 and the population was 19,540. This was chiefly due to the transfer of part of the rural area to Brighton County Borough.

The growth of a population is determined by a natural increase and the excess of births over deaths on the one hand and the balance of inward and outward migration on the other. Since 1943 the annual birth rates for the rural area have exceeded the annual death rates with the exceptions in the years 1945, 1951 and 1952. The difference between the total number of births and the total number of deaths since 1943 was 429, and this does not almost wholly account for the increase of population of 2,710, i.e., the difference between the population in 1943 and in 1952. The bulk of the increase therefore has been effected by the excess of immigrants into over emigrants out of the area. The very high birth rates in 1943 and 1944 are reminiscent of the jump after the first world war. In the country as a whole there were very high birth rates from 1943 onwards to 1948. Thereafter the birth rates have fallen. The fall in the numbers of births from 1949 onwards in the Chailey Rural District has been paralleled by a decline throughout the whole country. The high birth rates both in Chailey and elsewhere can be attributed almost wholly to the increased number of marriages than to increases in older established families. The decline from 1949 is likely to continue unless the age of marriage falls or the size of the established family begins to grow.

The average size of the family has fallen continuously for over half a century but has been comparatively stable over the last twenty years. It may be computed as approximately two children per married couple. In spite of high birth rates in recent years this still remains the approximate figure. Since there are two parents to every child, since a small number of children born must always be expected to die before they reach marriageable age, and some further fraction must be expected to remain unmarried, an average family of no more than two children per married couple must be below replacement level.

Mortality has been declining for many years past. The general causes of this decline have been the increase in the general standard of living, the improvement in the educational level of the community, both generally and in respect of matters affecting health, the improvement in sanitary measures, the progress of medical knowledge and the steady expansion of the health services.

The outlook for the continued improvement in the standard of living is somewhat overshadowed at present by the difficulties of the national economic position. It is impossible to predict how our living standards may be affected eventually by the far-reaching world dislocation and by the special difficulties of this country resulting from the recent past war. There is no slowing down, however, in the advance of technical knowledge which has been the main factor underlying the steady national progress of the past. It is reasonable to expect that the standard of living may undergo nothing worse than a slight and temporary set back and that improvement in education and health services and in medical knowledge will continue without interruption. The possibility of wars much more destructive of human life and welfare than those that have hitherto occurred is a contingency which is deliberately left out of account.

It can be assumed that the fall in death rates will continue, but the rates at which they will fall one can only guess. It does seem possible that infant mortality will be further reduced and there may be an even more rapid decrease in mortality at later ages of childhood. It is also quite possible that there will be a less rapid, but still considerable, decline in mortality at early adult and middle-ages, while at ages over 75 years the decline will be quite gentle.

The assumption that the future decline in mortality at high ages will be slow is based upon the trends of the last half century continued in the future. The death rates at high ages, however, have been falling much faster since 1939 than over the last half century as a whole. It is possible that this exceptional drop may be the precursor of considerable reductions in the future. The recent advances in medical knowledge associated with the use of penicillin and the sulphonamides have contributed a special factor in the recent change of trend. The effect of these improvements in reducing mortality at high ages has been most important. There are other factors which may tend in future to accelerate the fall in the death rates at high ages. Among these are the recent increase in the amount of medical research devoted to diseases of old age and the greater care given to the care of old people generally.

At present the changing age structure of the population in which there is a decline in births and an increase of the elderly points to many new social problems. The load of dependency consisting of the old who are past working age is relatively light as yet. It may become oppressive in the future if the birth rates continue to decline. In other words there may not be enough young adults sufficient to support the old. A progressive decrease will mean that in time the age at retirement will increase but this stage appears some way off.

An increase in the number of future births would add to the number of dependent children and it would be some years before this could be out-weighted by the active age groups. The double burden of the increased number of children combined with the swollen number of the old might not be as serious as some imagine, but it would be more enduring. It would not be until after the end of the present century that a series of high birth rates from now onwards would show an advantage in respect of the rates of dependants to producers, nor would the advantage, when it came, be very large.

There is no doubt that the number of old people will increase very considerably and it is not unreasonable to hope that in the course of years, the average level of fitness now associated with the age of 65 may come to characterise the age of 68 or even 70. A gradual extension of the working period would follow naturally if not impeded or deflected by social arrangements. In practice, however, the opposite tendency may prevail and it is difficult to believe that an inducement to work beyond retiring age by increasing the rate of pension would be accepted by many.

If, as some predict, the birth rate will fall for the next fifteen years, this prediction means little or nothing to most people. At all income levels except the highest, parents have to make considerable sacrifices to bring up their children. Children in larger families have a lower standard of living than those in smaller families and even at relatively high income levels parents meet a large proportion of the cost of their children by cutting expenditure not only on luxuries but also sometimes on necessities. The present acute shortage of houses is widely felt as one of the main deterrents of parenthood and rapid progress in overcoming the shortage is of fundamental importance both to the population problem and to family welfare.

BIRTH RATE

The crude birth rate for the year under review was 12.18 per 1,000 population, as compared with 13.16, 14.01, 14.50, 15.68, and 17.49 for the years 1951, 1950, 1949, 1948, and 1947 respectively. It can be seen that there has been a steady decline in the birth rate in each successive year. As has been mentioned, one of the factors leading to this decline has been the restriction on housing and it is to be hoped that this restriction will shortly be eased.

An area comparability factor of 1.12 is applicable to the crude birth rate. This factor is a compensating one for the purpose of securing a fair comparison with the birth rates of other areas. An area with a larger proportion of middle-aged and elderly people and a smaller proportion of young adults would compare unfavourably with another area where the conditions are the reverse. On applying the factor the comparable birth rate for the Chailey Rural District is 13.64 per 1,000 population. The birth rate for England and Wales for 1952 was 15.3.

DEATH RATE

The crude death rate for 1952 for the district was 12.48 per 1,000 population, as compared with 13.46, 11.95, 12.11, 12.45 for the years 1951, 1950, 1949, and 1948 respectively.

Applying an area comparability factor of 0.74 to the crude death rate for 1952 for the same reason as an area comparability factor was applied to the crude birth rate, a comparable death rate of 9.24 per 1,000 population is arrived at. The death rate for England and Wales for 1952 was 11.3.

CAUSES OF DEATH

During the year there was a total of 244 deaths, i.e., 115 males and 129 females. The following table shows the causes of death :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Heart Disease	45	54	99
Cancer	19	16	35
Vascular lesions of the nervous system	16	18	34
Diseases of the circulatory system other than heart disease	4	6	10
Pneumonia	4	3	7
Motor Vehicle Accidents	4	3	7
Nephritis and Nephrosis	0	6	6
Diabetes	2	3	5
Bronchitis	3	2	5
Hyperplasia of prostate	3	0	3
Syphilitic disease	1	1	2
Tuberculosis, respiratory	1	1	2
Tuberculosis other than respiratory tuberculosis	1	0	1
Other infective and parasitic diseases	0	1	1
Leukaemia, aleukaemia	1	0	1
Influenza	0	1	1
Ulcer of stomach and duodenum	1	0	1
Congenital malformations	0	1	1
Accidents other than motor vehicle accidents	1	1	2
Suicide	1	0	1
Homicide and operations of war	0	1	1
Other defined and ill-defined diseases	8	11	19
	<hr/> 115	<hr/> 129	<hr/> 244

As has been the case for a number of years past, the chief cause of death in 1952 was heart disease with 99 deaths. This is followed by 35 deaths from cancer and 34 deaths from vascular lesions of the nervous system.

The highest age at death was	..	..	100 years
The lowest age at death was	..	..	9 hours
The average age at death was	..	..	69 years

SPECIFIC CAUSES OF DEATH

Heart Disease and Diseases of the Circulatory System

As is usual in the Chailey Rural District and, indeed, in most areas, heart disease heads the list of causes of death. In the past this has by no means always been the case but nowadays many of the former killers have been reduced to comparative impotence by modern methods of prevention and cure. So far as the heart is concerned, however, this is a muscle, approximately the size of a clenched fist, which acts as a pump, forcing blood at the rate of from nine to ten tons a day through the body's circulatory system and pumping day and night, without intermission at the average rate of 70 strokes a minute.

Even the most perfect of machines will wear out in time, and the heart is no exception to the rule. Thus, as fewer and fewer deaths from other causes occur, the occasion more frequently arises when the heart simply wears out from old age, resulting in yet another death from heart disease.

Apart from this "wearing-out" process, there are several kinds of heart disease. Congenital heart disease, due to a fault in the heart at birth, is found in "blue babies," which nowadays have a better chance of living than was the case a few years ago. Various infections also give rise to diseases of the heart. Rheumatic fever is a disease which most commonly gives rise to heart disease as a complication. Prompt medical care and a long period in bed may, however, lead to a complete recovery. Heart disease is often due to blood-vessels in the heart becoming damaged, and angina pectoris and coronary thrombosis are examples of this form of the disease.

In many types of heart disease present-day medical knowledge gives to the patient a very good chance of living a useful, normal life, quite probably for as long a span as can be expected by those not suffering from heart disease.

Cancer

Thirty five persons died of cancer in the Chailey Rural District during 1952, nineteen of whom were men and sixteen women. It is a tragic circumstance that, although in some forms of cancer the chances of cure are immensely improved if the disease is discovered and treated at an early stage, the opportunity is often missed through the fear of the sufferer which causes him or her to delay visiting a doctor until the condition is well-established. It cannot be too strongly emphasised that many forms of cancer are curable if diagnosed and treated at an early stage, particularly cancer of the breast in women, or cancer of the skin.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other intra-cranial lesions. A total of thirty-four deaths in the Chailey Rural District were classified under this heading in 1952, sixteen being males and eighteen females. This is a reduction of five on last year's total of thirty-nine. Most of these deaths occur amongst elderly persons and are due to the degeneration which takes place in the blood vessels in persons of advanced age.

Maternal Mortality

During the year there was no death of a mother in, or in consequence of, childbirth. This has been the case for the third year in succession. The Maternal Mortality Rate for the district was therefore nil for 1952 as against 0.72 per 1,000 total births for England and Wales.

Infantile Mortality

During the year 1952 three infants under one year of age died in the Chailey Rural District area. This gives an infantile mortality rate of 12.6 per 1,000 live births. The rate for the country as a whole was 27.6.

When giving consideration to the infantile mortality rate, particularly when comparing the rate for the rural district with that for the country as a whole, it must always be borne in mind that the figure for the country is based on numbers, both of infantile deaths and related live births, sufficiently large to enable the rate to have real statistical significance. This, however, is not the case so far as any selected year in the rural district is concerned, as usually about 270 births take place during the year and less than six infantile deaths in the same period. It will thus be seen that one death more or less will lead to a very large variation in the infantile mortality rate for the rural district, and the only way in which a true comparison can be made with the rate for the country as a whole is to compare the average figure for Chailey over a period of years, with the average figure for the country as a whole. On this basis, the average annual rate for the rural district for the years 1950, 1951 and 1952 was 17.45 as against 29.0 for the whole country for the same period.

Tuberculosis Death Rate

Two deaths occurred from pulmonary tuberculosis and one death from non-pulmonary tuberculosis. The combined tuberculosis death rate was 0.15 per 1,000 population for 1952, as compared with 0.24 for England and Wales for the same year.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952. Provisional figures based on Quarterly Returns.

	<i>England and Wales</i>	<i>160 C.B.s and Great Towns (including London)</i>	<i>160 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1951 Census)</i>	<i>London Administrative County</i>	<i>Chailey 1952 Population 19,540</i>
Rates per 1,000 Home Population					
Births : Live	15.3	16.9	15.5	17.6	12.18
Still	0.35	0.43	0.36	0.34	0.31
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	24.6(a)
Deaths : All Causes..	11.3	12.1	11.2	12.6	12.48
Typhoid and Paratyphoid	0.00	0.00	0.00	—	0.00
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.15
Influenza	0.04	0.04	0.04	0.05	0.05
Smallpox	0.00	—	—	—	—
Acute Poliomyelitis (including poliomyelitis)	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.36
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.02	0.02	0.03	0.01	0.00
Meningococcal Infection	0.03	0.03	0.03	0.02	0.05
Scarlet Fever	1.53	1.75	1.58	1.56	0.82
Whooping Cough	2.61	2.74	2.57	1.66	1.18
Diphtheria	0.01	0.01	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.14	0.15
Smallpox	0.00	0.00	0.00	—	0.00
Measles	8.86	10.11	8.49	9.23	1.28
Pneumonia	0.72	0.80	0.62	0.57	0.41
Acute Poliomyelitis (including Poliomyelitis)					
Paralytic	0.06	0.06	0.06	0.06	0.20
Non-paralytic	0.03	0.03	0.02	0.03	0.00
Food Poisoning	0.13	0.16	0.11	0.18	0.00
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	4.10(a)
Deaths					
Rates per 1,000 Live Births					
All causes under 1 year of age	27.6(b)	31.2	25.8	23.8	12.6
Enteritis and Diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	0.00

(a) Per 1,000 Total (Live and Still) Births

(b) Per 1,000 related Live Births

Maternal Mortality in England and Wales

<i>Intermediate List No. and Cause</i>	<i>Number of Deaths</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>	<i>CHAILEY</i>
A115 Sepsis of Pregnancy, Child-birth, and the Puerperium	61	0.09		} 0.00
Abortion with Toxaemia ..	13	0.02	1	
A116 { Other Toxaemias of Pregnancy and the Puerperium	147	0.21		
A117 Haemorrhage of Pregnancy and Childbirth	59	0.09		
A118 Abortion without mention of Sepsis or Toxaemia ..	31	0.04	3	
A119 Abortion with Sepsis ..	47	0.07	5	
A120 Other Complications of Pregnancy, Childbirth and the Puerperium	138	0.20		

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for the Rural District of Chailey also acted as Medical Officer of Health for the Borough of Lewes and the Urban Districts of Newhaven and Seaford.

One Chief Sanitary Inspector and two Sanitary Inspectors carry out duties in the rural district.

Laboratory Facilities

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved of great assistance during the year.

The Laboratory has carried out for the rural district, free of charge, the examination of sputum, laryngeal, nose and throat swabs, and has also undertaken the examination of ice-cream, milk and water. Altogether the laboratory carried out 195 different examinations for the rural district during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the medical practitioners practising in the district. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organisms causing tuberculosis or other infections and is also of great use in detecting any impurities or infective organisms in milk, ice-cream or foodstuffs generally.

Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which arranges for the three ambulances and one sitting case car stationed at Lewes to be available for the transfer of cases into hospital from this area, with the exception of cases from Wivelsfield, when the service stationed at Haywards Heath is used, from Ditchling, when the service stationed at Hurstpierpoint is implemented, and from South Highton, Peacehaven, Tarring Neville, Piddinghoe and Telscombe, when the service stationed at Newhaven is used.

With the exception of the area served by the ambulance stationed at Newhaven, both infectious and non-infectious cases are conveyed in the same ambulances and arrangements are in being for the disinfection of ambulances, bedding, clothing, &c., after use for the transport of an infectious case. The Newhaven ambulance, however, is not available for the transport of infectious disease cases, but under the provisions of the Ambulance Scheme, ambulances from adjacent ambulance stations can be called upon, if required, for the conveyance of infectious disease cases.

Generally, arrangements are made for any further calls received when all the ambulances of a particular station are out on duty to be dealt with by another station in the county council's area.

The East Sussex County Council provides facilities for the transport of tuberculosis patients.

Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

Hospitals

The South East Metropolitan Regional Hospital Board is responsible for the provision of hospital accommodation. The accommodation available in the area remains materially the same as it was prior to the passing of the Act.

Clinics and Treatment Centres

The following is a list of clinics and treatment centres available during 1952 for residents of the district :—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Chest Clinic, Victoria Hospital, Lewes	Monday, Wednesday and Friday, 2 p.m. By appointment	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., Lewes	Monday, Wednesday and Friday, 10 a.m.-1.0 p.m. By appointment	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday Women — 2.15 p.m. Men — 3.30 p.m.	Regional Hospital Board
Nervous Disorders Clinic, Victoria Hospital, Lewes	2nd and 4th Tuesday in each month at 2 p.m.	Regional Hospital Board

In addition to the above there are Infant Welfare Centres and Dental and Minor Ailment Clinics available for residents in the area.

Provisions for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All Institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY

The Statutory Water Authorities supplying the several areas within the rural district continued as before, viz. :—

Chailey Rural District Council
Brighton County Borough Council
Lewes Borough Council
Newhaven and Seaford Water Company
Burgess Hill Water Company
Mid-Sussex Joint Water Board

Regular sampling of water supplies is carried out by each of the Undertakings during the year, and the quality of the water has been found to be satisfactory.

Below is the Analyst's Report on a sample taken by the Council's Water Engineer. It is typical of the quality of the water supplied.

A sample taken from the Offham Waterworks, on the 23rd July, 1952, showed the following characteristics :—

Colour	None
Smell	None
Sediment	None

CHEMICAL ANALYSIS

						<i>Grains per gallon</i>	<i>Parts per million</i>
Total solids (dried at 100°C.)	..	..	..	..	..	20.0	
Solids (after ignition)	..	..	..	..	..	18.0	
Chlorine .. .. .	..	..	..	..	..	1.6	
Ammonia (free) .. .. .	..	..	..	..	..		.030
Ammonia (albuminoid) .. .. .	..	..	..	..	..		.024
Oxygen taken from permanganate in $\frac{1}{4}$ hour	..				..	Nil	
Oxygen taken from permanganate in 4 hours	..				..	Nil	
Nitrogen as Nitrates and Nitrites .. .. .	..				..	.28	
Nitrites .. .. .	..	..	..	..	..	Nil	
Hardness (total) .. .. .	..	..	..	..	..	14.5	
Hardness (after boiling) .. .. .	..	..	..	..	..	4.2	
Phosphates .. .. .	..	..	..	..	..	Nil	
Metallic impurity—Iron .. .. .	..	..	..	..	..	.015	
PH	7.4	..	..	..	..

BACTERIOLOGICAL EXAMINATION

The organisms per ml. which grew on Nutrient Agar in three days at 22°C. under aerobic conditions and were then visible to the naked eye as colonies were Nil

On Agar at blood temperature and under aerobic conditions colonies were noticed after two days' incubation Nil

Probable number of Coli-Aerogenes organisms in 100 ml. of the original water Nil

Chlorine less than 0.1 p.p.m.

REPORT

Both chemically and bacteriologically this water is satisfactory, and I am of opinion, therefore, that it is perfectly safe for drinking purposes and suitable for a Public Supply.

R. F. WRIGHT,
Public Analyst.

Water mains extended during the year were as follows :—

Boldbridge Road, Newick	640 lin. yd.
Newick Housing Site	214 "
Spithurst, Barcombe	1,372 "
Font Hill, Newick	522 "
Skim Corner, Ringmer	2,558 "
Neaves Lane and Moor Lane, Ringmer	2,464 "
	<hr/>
	7,770 "
	<hr/>

Forty-two samples of water were taken from private supplies during the year of which fifteen were found to be unfit for domestic use. Six dwelling houses were connected to public main supplies as a result of the service of Statutory Notices and 13 other properties as a result of informal notices.

The private supply to the village of Glynde which has for more than fifty years provided a wholesome supply of water to the village and to a large Milk Collecting Depot was found to have become polluted.

A chlorination plant was very quickly installed by the Dairy Co. and subsequent samples have been found to be satisfactory. Investigation of this occurrence was made and the most probable cause of the trouble was assumed to be due to a rapid increase in the rate of pumping above the normal yield of the well when new electric pumps were installed as part of the scheme of complete reconstruction carried out to the dairy. The rate of pumping has since been reduced.

The urgently needed extension of the water main to serve the Ditchling Common area was carried out during the year, this Council being responsible for payment to the Company of a deficiency on the guaranteed revenue.

Numerous financial and other difficulties have beset the joint scheme with Newhaven and Seaford Water Company during the year, there being little progress to report on this urgent project. Although loan sanction for the sum of £45,000 has been obtained and a large stock of materials purchased the practical work has been bogged down by the "administration."

The shortage of water caused by increase in consumption and to a dry season has given rise to considerable alarm as has also the lack of storage capacity. The position must become progressively worse. It will only be relieved by the advent of the proposed scheme.

From the details given above showing the work carried out in extending water mains it will be seen that the Council's water undertaking is still making real progress, much of the work now in hand is unremunerative when taken section by section but extremely necessary from both Public Health and Agricultural viewpoints.

The programme propounded in a Report to the Council in 1944 has been adhered to and when completed, probably in 1953, will completely cover the area of supply of the Undertaking. This has been a fine example of enlightened

policy where public interest rather than financial return has been the guiding motive.

The cohesion between the Water Department and the Public Health Department continues to be complete.

SEWAGE DISPOSAL

Work on the construction of sewage disposal works and the laying of sewers was completed at Cooksbridge and the works are now in operation. The advent of the sewer has resulted in the abatement of a long standing nuisance. Most of the existing properties have been connected to the sewer.

The work of reconstruction of the sewage disposal works at Ditchling is now complete and a good effluent is now being discharged into a stream which for many years has been heavily polluted by a poor effluent from an obsolete and inadequate plant. It is pleasing to state that some 6 acres of land hitherto used for the reception of sewage effluent has now been returned to Agricultural use.

The new sewage disposal works for part of the Parish of Peacehaven is now complete and in working order. Seventy-five new houses built by the Council and sixty existing houses have been connected. The owners of all the sixty privately owned houses were persuaded to connect to the sewer without resorting to formal procedure.

Schemes for the sewerage of the Parishes of Wivelsfield, Rodmell, Kingston and Piddinghoe have been submitted to the Ministry of Local Government and Housing but consent to proceed is still awaited. All four schemes are very urgently needed.

Two small schemes, both necessary for housing development, are to commence early in 1953, one at South Chailey and one at Glynde. In each of these cases existing groups of houses will be drained in conjunction with new housing development.

PUBLIC CLEANSING

There have been strong demands from several Parishes in the area for a more frequent collection of house refuse. The Council, however, have, for reasons of economy, been unable to improve the existing scheme of once fortnightly collection.

By arrangement with the Borough of Lewes all refuse collected in the district is disposed of at the Lewes Tip.

The year saw a collapse in the wastepaper trade and results for the year are very disappointing in comparison with previous years. It seems probable that the collection of wastepaper will have to be discontinued.

CESSPOOL EMPTYING SERVICE

Three 750-gallon cesspool emptying machines are in continuous employment on this service.

The total number of separate tanks or cesspools emptied during the year amounted to 2,706 with the total of 5,727 loads. A regular service at fixed intervals is given to cesspools and septic tanks at 136 different sites of which 40 are owned by the Council and 96 privately owned. The intervals vary from weekly to quarterly.

The servicing of small sewage disposal sites has now become a most important activity and particularly in connection with housing sites. Considerable care is exercised in this direction—each plant serving a housing site is visited for purpose of maintenance on average once a week by an attendant or a motor-cycle combination with necessary tools and equipment. With the adequate

maintenance given these small plants are proving to be most efficient. At four of these small plants it is necessary for the sewage to be pumped for full treatment. Small air compressors are used and to date have worked exceedingly well.

TRANSPORT DEPARTMENT

All the Public Cleansing vehicles are kept up to a high standard of efficiency and are regularly serviced and washed. It is considered important for all vehicles to have a clean and well maintained appearance.

DUSTBINS

During the year 129 dustbins were provided by the Council through the Dustbin Hire Scheme. The scheme has become well regarded by the public and bins are being supplied to householders principally by request. The operation of the scheme is not difficult. There is now no difficulty whatsoever in having dustbins supplied to premises in need.

The figures for the year are as follows :—

No. of Formal Notices served	..	..	..	..	..	..	18
No. of Properties concerned	..	..	..	..	..	..	6
No. of bins provided by owners	..	..	..	..	..	..	13
No. of bins provided by Council :—							
(a) at owner's request	..	..	..	..	..	..	26
(b) in default	..	..	..	..	..	..	17
No. of bins supplied to owners on request <i>without</i> service of formal notice	..	..	..	..	..	..	86
No. of notices outstanding at end of year	..	..	..	..	..	..	55

HOUSING

Notices requesting repairs to be carried out under the Housing Acts were served in respect of 43 properties. On no occasion was it necessary to resort to the service of formal notice. The Council carried out repairs to one dwelling house in default of the owner in respect of notice served in 1951. The building of new houses by the Council continued during the year when 56 houses were completed. Of these 12 were built for occupation by aged persons.

The continued shortage of housing accommodation and the circumstances arising by reason of high cost of repairs together with rent control makes it extremely difficult to secure a systematic improvement in housing conditions.

Whenever a family is rehoused from a house of a low classification in the Rural Housing Survey Report, action is taken and usually results in the vacant house being thoroughly and completely reconstructed to a high standard. It is in this field of conversion that our most useful work on housing has been accomplished. During the year 38 houses which could normally have been considered as fit for demolition have been reconstructed. Most of this has been done by personal contact rather than by the service of Notices.

It is surprising to note that so little use has been made of the provision for financial assistance towards housing improvements as provided in the Housing Act, 1949 and 1952. To some degree the rather cumbersome procedure serves to discourage would-be applicants.

TENTS, VANS AND SHEDS

The temporary Caravan Site at Rushey Hill, Peacehaven, has continued to operate to full capacity. The proposals to develop the 20 acres of land adjoining have not progressed during the year but it is expected that work on the project will commence early next year.

There has been no serious problem in relation to camping sites during the year.

Seventeen licences authorising land to be used as caravan sites were issued in respect of caravans.

SLAUGHTERING

The slaughter of horses for human consumption was recommenced at one of the registered slaughter houses in the area. Eighty-five horses were slaughtered and all were inspected.

MILK AND DAIRIES

A complete change has occurred in the system of milk distribution in the countryside. Until recently each village was supplied by a local roundsman dispensing milk produced locally. Recent changes in the Law relating to Milk Production and handling has now resulted in the veritable elimination of the local milkman and practically all the milk distribution in the area is now carried out by a few large concerns from their registered premises in the adjoining towns.

Fifty-one visits were made to dairy premises. The standard of cleanliness was found to be reasonably satisfactory on all occasions.

VERMINOUS PREMISES

A few cases only of infestation by fleas were dealt with and no cases of bed bugs were reported.

KEEPING OF ANIMALS

Complaints concerning pig-keeping were again received this year from the Peacehaven and Telscombe Cliffs area. They invariably referred to small-holders. Regular inspection was necessary in order to prevent conditions giving rise to nuisance.

FOOD AND DRUGS ACT

Routine inspections were carried out of all food premises and eating establishments, totalling 325 visits. Notices requiring improvements of structural conditions and state of cleanliness were served in respect of three food premises ; each case required improvements which were effected without resort to formal procedure.

The following articles of food were certified as being unfit for human consumption :—

½lb. Butter
150lb. Bacon
24lb. Sausages
1 Forequarter of Beef—124lb.

Applications for registration for the sale, manufacture and storage of ice cream were granted in three instances. Forty-four samples of ice cream were taken during the year with the following results :—

<i>No. of Samples</i>		<i>Grade</i>	
14	.. ..	1	
15	.. ..	2	
9	.. ..	3	
6	.. ..	4	

SUMMARY OF VISITS

House Inspections under Housing Regulations	32
Other Inspections of Houses not included above	138
Visits in connection with Nuisances	241
Visits to Slaughter Houses, Butchers' Shops and Food Premises ..	323
Visits to Dairies and Milk Premises	51
Visits re Drainage	986
Drains Tested	303
Samples taken for analysis :—	
Milk	12
Water	48
Ice Cream	41
Shellfish	8
Visits in connection with Water Supplies	119
Visits in connection with Infectious Disease	54
Rooms Fumigated	71
Visits to Sewage Outfall Works and Sewers	411
Visits to Refuse Tips and in connection with Refuse Collection ..	130
Visits under Petroleum Acts	134
Visits in connection with Salvage	8
Visits under Factories' and Workshops' Acts	61
Visits in connection with Residual Services	18
Visits in connection with Tents, Vans and Sheds	130
Visits in connection with Shops Acts	52
Miscellaneous Visits	583

RODENT CONTROL

Visits for purposes of Survey	529
Visits for purposes of Treatment	276
New infestations found since	47
Infestations cleared	41
Estimated number of Rats killed	867
Estimated number of Mice killed	261

FACTORIES ACT, 1937

Inspections :—

<i>Premises</i>	<i>No. on Register</i>	<i>Inspections</i>	<i>No. of Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	25	22	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	54	39	—	—
Totals	79	61	—	—

Cases in which defects were found :—

<i>Particulars</i>	<i>Number of cases in which defects were :</i>		
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>
Want of Cleanliness	—	—	—
Sanitary Conveniences—Unsuitable or defective	—	—	—
Other offences against the Act (not including offences relating to Out- work)	—	—	—
Inadequate Ventilation	—	—	—
Inefficient Drainage of Floors ..	—	—	—

—One Certificates under Section 34 of the Act, as to means of escape in case of fire was issued during the year.

LICENCES ISSUED

To Store Petrol	68
To Store Cellulose	4
To Slaughter Animals	4
To Use Premises as Slaughterhouses	5
To Use Premises as Knacker's Yard	1
For Moveable Dwellings	18
Dealer's Licence to use designation " Pasteurised "	6
Dealer's Licence to use designation " Tuberculin Tested "	10
Dealer's Supplementary Licence for the Sale of " Pasteurised " Milk	4
Dealer's Supplementary Licence for the Sale of " Tuberculin Tested "	10
Milk	3
Dealer's Licence to use designation " Sterilised "	2
Dealer's Supplementary Licence for Sale of " Sterilised " Milk	1
Pet Animals Act, 1951	1

SALVAGE SALES

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>		<i>£</i>	<i>s.</i>	<i>d.</i>
Mixed Waste Paper	44	16	3	0	..	577	4	9
Textiles	2	17	0	22	..	88	15	1
Mixed Metals		1	2	4	..	6	10	0
	47	15	1	26	..	672	9	10

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1952			
<i>Disease</i>	<i>Total cases Notified</i>	<i>Cases Admitted to Hospital</i>	<i>Deaths</i>
Measles	25	—	—
Whooping Cough	23	—	—
Scarlet Fever	16	—	—
Pneumonia	8	—	—
Acute Poliomyelitis	4	4	—
Erysipelas	3	1	—
Meningococcal Infection	1	1	—
Puerperal Pyrexia	1	—	—
Malaria	1	1	—

Measles

Of the total of eighty-two cases of infectious disease which occurred in the rural district during 1952, twenty-five were of measles. Thus, although 1952 was a year of low incidence so far as cases of measles in the district were concerned, nevertheless nearly one-third of all infectious diseases cases in the area were of measles. In years of high incidence measles is responsible for a very large proportion indeed of the infectious diseases in this and most other areas.

All of the twenty-five cases were treated at home and made rapid and uneventful recoveries. It is seldom of use to admit a case of measles to an isolation hospital in an effort to avoid the spread of the disease, as unfortunately the period during which the patient is infectious has usually expired before a doctor is called in.

The chief dangers which may arise from measles are due not so much to the illness itself, which is usually of a mild nature, but to the complications which may ensue. The chief of these is the possibility of pneumonia occurring. The use of penicillin and sulphadiazine has, of course, made the treatment of measles and its complications much more effective than it was in the past. The development of sulpha drugs and antibiotics has, in fact, brought about a dramatic reduction throughout the whole country in the case fatality from the disease and has reduced the percentage of cases which prove fatal to approximately 0.05, or about one quarter of the percentage in 1940.

Experiments have been made in the development of forms of immunisation against the disease but at present any immunity created by their use is very temporary.

Whooping Cough

Twenty-three cases of whooping cough were notified in the rural district during 1952, none of which were of sufficient severity to merit admission to hospital. All cases were of a mild nature but whooping cough can be an extremely serious illness and, in fact, its case fatality is about five times that of measles. For this reason it is to be hoped that the great strides made in recent years in the development of a vaccine for use against the disease will continue and eventually the vaccination of the infant community against whooping cough will be as simple and uniformly satisfactory as is now the case with inoculation against diphtheria.

Whooping cough is most dangerous for very young children, particularly those under one year of age, and over half of the deaths from whooping cough occur among infants under a year old. For this reason it is particularly necessary to protect infants in this age group as far as possible by keeping them away from possible contacts when whooping cough is known to be about.

If whooping cough is suspected, it is better to ask the doctor to visit the child rather than risk spreading infection by taking the child to a crowded surgery.

Scarlet Fever

None of the sixteen cases of scarlet fever which were notified in the rural district during 1952 were of sufficient severity to warrant admission to hospital. On average, a rather larger number have been notified annually in the past four years than has been the case for a number of years previously. While they have been of no particular severity, the increased incidence tends to emphasise the warning contained in my annual report for 1951 that a complacent attitude of mind must not be permitted to develop in connection with the illness. In the past the severity of scarlet fever has waxed and waned over comparatively long periods and, although it is to be hoped that the use of modern drugs and improved methods of treatment will greatly modify the ill-effects of any such increase in severity which may occur in future, nevertheless the greatest care must be exercised to ensure that benefits ensuing from the use of the greatly improved weapons of modern science are not nullified by lack of care and proper precautions by any concerned in the treatment of the disease.

Pneumonia

Eight cases of pneumonia were notified during the year under review none of which were sufficiently serious to require admission to hospital. All cases notified made satisfactory recoveries.

Poliomyelitis

Four cases of poliomyelitis occurred in the rural district during 1952. Of these, two were males aged 11 years and 29 years and two were females aged 16 years and 21 years. All four suffered from the paralytic type of the disease and were admitted to hospital. Three of them made rapid and good recoveries, but the fourth, a girl of 16 years, had to be admitted to the Royal National Orthopaedic Hospital for rehabilitation treatment, and is now attending the out-patients' department of a Brighton Hospital. She is making good progress.

Although our knowledge of the causative factors of this disease is still small, it is showing a steady and encouraging increase. In recent years its distribution has been very general among the different age groups and it has become obvious that the early, popular name of infantile paralysis is a misnomer, as the illness is not confined to the younger age groups and is by no means always accompanied by paralysis. Probably the most useful single item of knowledge that we have acquired regarding the treatment of the disease is that cases are nearly always more severe if fairly heavy exertion has taken place shortly before the illness began to make its presence felt, and immediate cessation of all forms of exertion directly poliomyelitis is a possibility may lead to the avoidance of the more severe forms of the disease. As the throat is one of the means of entry of the infection, the removal of tonsils should be postponed wherever possible during periods when the disease is prevalent, as the making of a raw surface in the throat might make it easier for the virus to invade the system. During periods of prevalence, even greater attention than usual should be paid to personal hygiene. The disease is spread by droplet infection and the virus also infects the faecal excretions and may be spread by contact or contamination. Therefore, a handkerchief should always be used to cover the mouth and nose before coughing or sneezing, in order that droplet infection may be avoided. Hands must always be washed most carefully after the toilet has been used in order that there may be no possible contamination of fingers with infected faecal matter.

Erysipelas

Three cases of erysipelas were notified in the rural district during 1952. One of these was of a second attack in the same person. One case was sufficiently serious to merit admission to hospital. In the past, erysipelas has been a serious condition, lasting for several weeks and sometimes proving fatal. At present, in addition to the great reduction in the number of cases occurring, the length and severity of the illness has been greatly reduced by the use of sulphonamide drugs and chloromycetin. A factor which has probably been of some importance in reducing the incidence of erysipelas is the improved standards of nutrition existing throughout all classes of the community, as malnourished or undernourished persons are more liable to attacks of the illness than are people enjoying an adequate and well-balanced diet.

Meningococcal Infection

One case of meningococcal meningitis was notified in the rural district during 1952. The patient was an eighteen-year-old youth who was admitted to hospital and discharged after a month's treatment.

Puerperal Pyrexia

One case of puerperal pyrexia, a woman of 20 years, was notified in the rural district during 1952. This condition is defined in the Puerperal Pyrexia Regulations, 1951, as "any case of a feverish condition, with a temperature over 100.4° F., which may occur in a woman within fourteen days of childbirth or miscarriage." The improvement in the standard of midwifery, the use of modern drugs where necessary and new techniques in surgery have very greatly reduced the incidence of this illness, which, only a few years ago, was sufficiently prevalent to be the cause of grave concern to the Ministry of Health.

Malaria

One case of malaria, that of a young man aged 24 years, was notified during 1952. The disease was contracted abroad and the attack was not one of great severity. The patient was admitted to hospital and after treatment was discharged quite well.

General

During the whole of 1952, only eighty-two cases of infectious disease were notified in the rural district. This number was less than one-seventh of the 1951 total, the difference being mainly due to the difference in the number of notifications of measles, 451 cases having been notified in 1951 and only 25 cases in 1952. This difference is, of course, normal, the incidence of measles being subject to annual variations, years of heavy and light incidence usually alternating. The incidence of whooping cough dropped considerably in 1952 to 23 cases, as compared with a total of 89 cases in 1951. A significant increase occurred, however, in the number of notified cases of scarlet fever. Sixteen cases of this disease were notified in the rural district during the year under review, as compared with 7 cases in 1951.

It is pleasant to be able to record that no case of food poisoning was notified in the district during 1952. The incidence of food poisoning throughout the country as a whole has increased considerably during the last decade. This, no doubt, is due very considerably to the fact that of recent years a large proportion of the population has taken the main meal of the day at restaurants and school or works canteens. The only method by which the incidence of food poisoning can be kept down is by teaching all concerned with the preparation of food to maintain extremely high standards of cleanliness and hygiene at all stages and the fact that no case occurred in the rural district during 1952 reflects creditably on all those concerned.

SECTION V

TUBERCULOSIS

In 1952 twenty-five cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were notified whilst during the year there were two deaths from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Details are given in the following table :—

1952—NEW CASES AND MORTALITY											
AGE PERIODS				NEW CASES				DEATHS			
				Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
				M	F	M	F	M	F	M	F
0	..	..	..	—	—	—	—	—	—	—	—
1	..	..	..	—	1	—	—	—	—	1	—
5	..	..	..	1	—	—	—	—	—	—	—
10	..	..	..	—	—	—	—	—	—	—	—
15	..	..	..	3	—	—	—	—	—	—	—
20	..	..	..	2	3	—	—	—	—	—	—
25	..	..	..	3	—	—	1	—	—	—	—
35	..	..	..	5	—	—	—	—	1	—	—
45	..	..	..	4	2	—	1	—	—	—	—
55	..	..	..	1	—	—	—	1	—	—	—
65 and upwards	..	..	..	—	—	1	—	—	—	—	—
Totals ..				19	6	1	2	1	1	1	—

Details of deaths from Pulmonary Tuberculosis :—

Male aged 56 years .. Died 15th March, 1952
 Female aged 40 years .. Died 25th February, 1952

The only death from non-pulmonary tuberculosis was of a male aged 23 months, who died on 29th July, 1952.

The two deaths from pulmonary tuberculosis which occurred in the rural district during 1952 show a fall from the totals of four and five recorded in 1951 and 1950 respectively. The total is a very low one and the combined death rate for pulmonary and non-pulmonary tuberculosis is only 0.15 per 1,000 population as compared with that of 0.24 for England and Wales.

In recent years much progress has been made in the development of techniques for the early discovery and treatment of tuberculosis. These techniques include the use of mass radiography to assist in the early discovery of the disease, the pasteurisation of milk and elimination of tuberculous cattle from herds, the use of B.C.G. vaccine to protect persons known to be at risk, treatment of infected persons with streptomycin and P.A.S. and much improved surgical treatment.

The combined application of these various methods of attack has resulted in a steady and considerable improvement in the position in the war against tuberculosis.

